



## 2020 Fall Girl's Youth Softball Team Registration Form (Competitive League Form) Revised 4/1/2020

**Registration Dates:** Jan 20 – Jul 31, 2020    **League Session Dates:** Aug 10 – Sep 14, 2020    **Skip Dates:** 9/7

Special schedule requests will be honored when possible but cannot be guaranteed. All registrations are on first-come first-serve basis.

- Make-up games may be scheduled on weekends if space is not available on the night you play.
- Refund requests will be accepted up to Jul 31, 2020. Approved refunds will be charged a \$10.00 processing fee.
- If you have an individual with a disability, the Park Board requires at least one-week notice to provide individual accommodations.
- This registration form is for team registration only. Individuals wanting to be placed on an individual waiting list may call the Killian office.

**PLEASE COMPLETE THE INFORMATION BELOW WITH PAYMENT. (We do not take registrations over the phone)**

|  |   |  |   |
|--|---|--|---|
| <b>MAIL your entry form to:</b><br>Springfield-Greene County Park Board<br>Attn: Community Athletics<br>1923 N. Weller Springfield, MO 65803 | <b>Register in person:</b><br>Killian Sports Complex<br>2141 E. Pythian Springfield, MO | <b>FAX registration to:</b><br>FAX to (417) 837-5829 | <b>For Additional Information call:</b><br>Killian Sports Complex Office<br>(417) 837-5817<br>Website: <a href="http://www.parkboard.org">www.parkboard.org</a> |
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Please make checks payable to: **Springfield-Greene County Park Board** and include your Driver's License Number and Place of Employment on the check. MasterCard, Discover and Visa accepted. Payment must accompany form. **Late fee of \$30 will be charge for registration after deadline.**

TEAM NAME: \_\_\_\_\_ MANAGER'S NAME: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_  
 DAY PHONE:(    ) \_\_\_\_\_ EVENING PHONE:(    ) \_\_\_\_\_ CELL PHONE: (    ) \_\_\_\_\_  
 EMAIL ADDRESS: \_\_\_\_\_ 2019 LEAGUE TEAM NAME: \_\_\_\_\_

**CIRCLE LEAGUE, NIGHT AND TEAM CLASS INFORMATION THAT YOU REQUEST TO PLAY:**

**TEAM INFORMATION** (Please circle league name and your team ability rating with 1 being the highest and 2 the lowest)

| <u>Circle League Name</u> | <u>Nights Available</u> | <u>Team Registration Fee</u> | <u>Team Ability Rating</u> |
|---------------------------|-------------------------|------------------------------|----------------------------|
| 10U MODIFIED PITCH        | TUESDAY                 | \$235 / 5-games              | 1) Experienced team        |
| 12U FAST PITCH            | THURSDAY                | \$235 / 5-games              |                            |
| 14U FAST PITCH            | MONDAY                  | \$240 / 5-games              | 2) Semi-experienced team   |

*(To double enter your team in this league, please fill out two separate forms, double entry fee and list teams with an A or B after it)*

2020 **MANDATORY ACE** Certified Coach    Name: \_\_\_\_\_ Certification#: \_\_\_\_\_

**HCS/HB 62 (31) - Crime Law**, all youth sports coaches, managers, scorekeepers and trainers inside of the bench area shall be subjected to a background check against the Missouri Sex Offenders Registry before league play begins. Please list all coaches, managers, and trainers legal name, address, city and zip code below. If you need additional space, you may attach a sheet of paper or use the back of this form.

Name: \_\_\_\_\_ Address: \_\_\_\_\_ City/Zip: \_\_\_\_\_  
 Name: \_\_\_\_\_ Address: \_\_\_\_\_ City/Zip: \_\_\_\_\_  
 Name: \_\_\_\_\_ Address: \_\_\_\_\_ City/Zip: \_\_\_\_\_

**2020 COUPON BOOKS** are available and can be purchased with your registration form. These coupon books will save you \$0.25 per coupon off the gate admission price. Books are available in groups of 5, 7 and 14 coupons. Ask staff for details.

Method of Payment: Cash\_\_\_ Check \_\_\_ Visa\_\_\_ MasterCard \_\_\_ Discover \_\_\_ Am. Express \_\_\_ Card # \_\_\_\_\_  
 Signature: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ Security # (on back) \_\_\_\_\_

**(For office use only)**    Amount Paid: \_\_\_\_\_ Reference / Check Number: \_\_\_\_\_ Receipt Number: \_\_\_\_\_